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CONFIRMATION NO. 6026

SERIAL NUMBER 10/600,052	FILING DATE 06/20/2003 RULE	CLASS 623	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 31132.129
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APPLICANTS

Aaron Kelly, Snoqualmie, WA;

Vincent Bryan, Mercer Island, WA;

Leonard Tokish, Issaquah, WA; Randy Allard, Germantown, TN;

David Yager, Monroe, WA;

Jeff Rouleau, Maple Grove, MN;

Jeff Edfast, Duvall, WA;

Robert Conta, Mercer Island, WA;

Alex Kunzler, Issaquah, WA;

Carlos Gil, Collierville, TN;

** CONTINUING DATA *****

This application is a CIP of 09/923,891 08/07/2001 PAT 6,949,105

which is a CIP of 09/783,860 02/13/2001 ABN

which claims benefit of 60/223,863 08/08/2000

and claims benefit of 60/265,218 01/31/2001

This application 10/600,052 -

is a CIP of 09/924,298 08/08/2001 ✓

which is a CIP of 09/783,910 02/13/2001 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/25/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE 	INITIALS 		
Verified and Acknowledged				

ADDRESS

46333

HAYNES AND BOONE, LLP

901 MAIN ST

SUITE 3100

DALLAS , TX
75202

TITLE

Wear-resistant endoprosthetic devices

<p>FILING FEE RECEIVED 1054</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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